## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000166114  1. Entity Name BRIGHTSTAR REALTY GROUP, CORP.										FIL	.ED	
Principal Place of Business 1580 SAWGRASS CORPORATE PARKWAY SUITE 130 SUNRISE, FL 33323				Mailing Address 1580 SAWGRASS CORPORATE PARKWAY SUITE 130 SUNRISE, FL 33323				<i>059</i>   		AUG 2	8 P.; 5	
2. Principal Place of Business  Suite, Apt. #, etc.  3. Mailing Address  Suite, Apt. #, etc.								08222006	Chg-P	CR2	E034 (11/05	<b>       </b>  -
City & State				City & State			4. FEI Numb		74793	136	Applied For	
Zip	Country		Ž	Zip C		untry			of Status Desire	ed 🔲	\$8.75 A	
6. Name and Address of Current R				ered Agent		7. Name and Address of New Registered Agent						
OCHOA, CAROLINA A 4833 HIBBS GROVE TERR COOPER CITY, FL 33323					Name Street Address (P.O. Box Number is Not Acceptable)							
						City				F	Zip Co	
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.							ister	ed agent, or bo	oth, in the State of			n, and accept
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE-												
9. Election Campaign Financin Trust Fund Contribution.								.00 May Be ed to Fees				
10.		OFFICERS AND	DIREC	TORS	11.				/CHANGES TO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<b>I</b>		<b>80</b> 09/06	00 <b>07</b> 5 706010	9 <b>521</b> 36001	2 □ Change 2 □ ᢒ **61.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	, MARK B 73RD STREET C, FL 33321		☐ Delete		ı					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4833 HIB	EDRO JR BS GROVE TERR CITY, FL 33330		☐ Delete	•	<b>I</b>	·				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davi 130 ( Pomp	d Alcott Cupress clu ano Bch F	َ`طر	oir) □ Delete Dr. 3060							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			_				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deleta		l l					☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee—measured to execute this report as required by Chapter 607/Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Oate Daytime Phone •												